



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 107550

\*107550\*

Page 2

September-27-13 12:47:54 PM

Item ID: 646.3913

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Shim

Start Date: 9/27/13

Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 9/27/13

Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

DAS

27

9-88

\*130\*

QC

Memo

0.00

Quality Control

140

Outsource process-Cadplate per QSI017 4.1.9.1

0.00

\*140\*

Outsource3

Memo

0.00

Outsource process - Cad plate

Issue P/O: 21961

150

Receive & Inspect for Damage & Mat'l Certs

0.00

\*150\*

Packaging

Memo

0.00

Packaging

12

CZ 13/11/06 (12)

(9/12/14) (12)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
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			<input type="checkbox"/> Other

**Work Order ID 107550**

September-27-13 12:47:54 PM

**\*107550\***

Page 3

Item ID: 646.3913

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Shim

Start Date: 9/27/13

Start Qty: 8.00

**\*8\***

Cust Item ID:

Required Date: 9/27/13

Req'd Qty: 8.00

**\*8\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00

DAS

27

9-89

**\*160\***

QC

Memo

0.00

Quality Control

170

Identify as per dwg & Stock Location: ST535

0.00

**\*170\***

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND  
REV\*\*\*

DAS

28

9-89

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.00

Quality Control

13/12/9  
13-12-5

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

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QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
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Process									
Supplier									
Training									
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**FAULT CATEGORY**

Landing Gear	General	Other
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		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Picklist Print

September-27-13 12:47:53 PM

Page 1

Work Order ID: 107550

Parent Item: 646.3913

Parent Item Name: Shim

Start Date: 9/27/13

Required Date: 9/27/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 12.10.23 NEW ISSUE DD VERF:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MC1095S.032		Purchased	No			110	sf	8.5000	0.02	0.1684208			
C1095 Blue Tempered Spring Steel Sheet .032													

Location

Loc Qty

Loc Code

MAT022

8.5

123537

8.5

123537 → 38  
.24

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

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Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
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		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



## FIRST ARTICLE INSPECTION CHECKLIST

DAS27

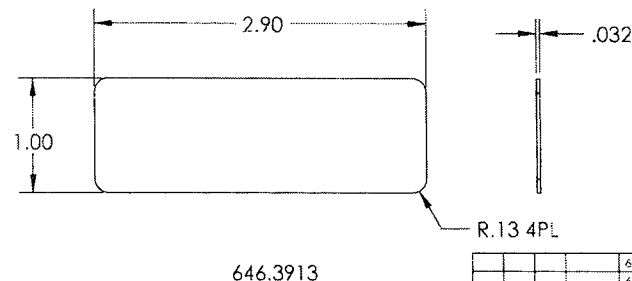
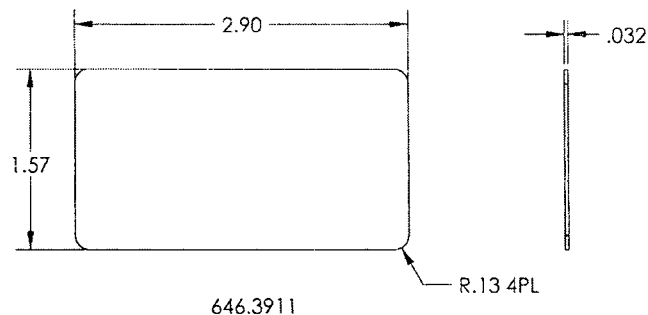
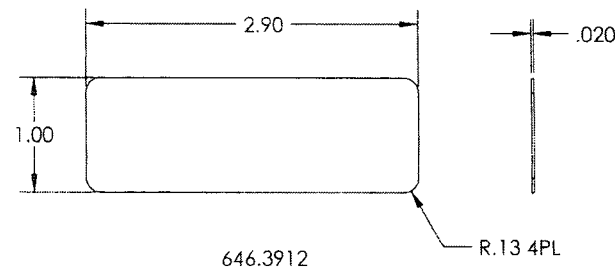
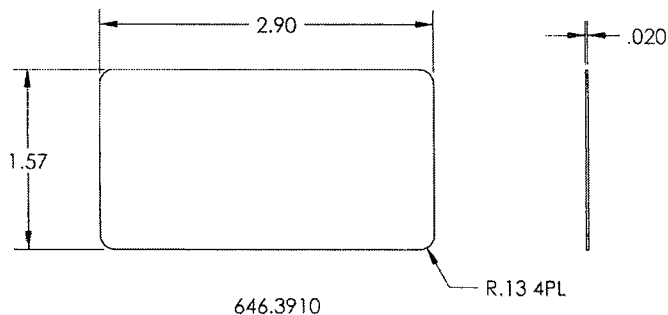
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REV	DESCRIPTION	DATE	APPROVED

# NOTES:

- 1 MATERIAL: SHIM STOCK, C1095 BLUE-TEMPERED SPRING STEEL
- 2 FINISH: CAD PLATE PER QQ-P-416 TYP II CL2
- 3 IDENTIFY IAW MPP-120



			646.3913	SHIM		△	△
			646.3912	SHIM		△	△
			646.3911	SHIM		△	△
			646.3910	SHIM		△	△
	FIND #		PART #	DESCRIPTION		MAT'L	SPEC.
QTY		PARTS LIST					
NEXT ASSY (S)		APICAL INDUSTRIES					
646.4000		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300					
		OPTIONAL DATE (DD-MON-YY) 29-05-98		SHIM			
		DRAWN BY: J. HENDER		SHIM			
		S. HOLF P. DRAVO		SHIM			
		REVIEWED APPROVAL: (SIGNED)		SHIM			
		DATE: 05-98		SHIM			
		CHECKED: (SIGNED)		SHIM			
		DATE: 05-98		SHIM			
		UNLESS OTHERWISE SPECIFIED		SHIM			
		TOLERANCES ARE:		SHIM			
		1 PLACE DECIMALS .001		SHIM			
		2 PLACE DECIMALS .005		SHIM			
		3 PLACE DECIMALS .000		SHIM			
		ANGLES .5°		SHIM			
		UNLESS OTHERWISE SPECIFIED		SHIM			
		TOLERANCES ARE:		SHIM			
		1 PLACE DECIMALS .001		SHIM			
		2 PLACE DECIMALS .005		SHIM			
		3 PLACE DECIMALS .000		SHIM			
		ANGLES .5°		SHIM			
		UNLESS OTHERWISE SPECIFIED		SHIM			
		TOLERANCES ARE:		SHIM			
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		ANGLES .5°		SHIM			
		UNLESS OTHERWISE SPECIFIED		SHIM			
		TOLERANCES ARE:		SHIM			
		1 PLACE DECIMALS .001		SHIM			
		2 PLACE DECIMALS .005		SHIM			
		3 PLACE DECIMALS .000		SHIM			
		ANGLES .5°		SHIM			
		UNLESS OTHERWISE SPECIFIED		SHIM			
		TOLERANCES ARE:		SHIM			
		1 PLACE DECIMALS .001		SHIM			
		2 PLACE DECIMALS .005		SHIM			
		3 PLACE DECIMALS .000		SHIM			
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		UNLESS OTHERWISE SPECIFIED		SHIM			
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		3 PLACE DECIMALS .000		SHIM			
		ANGLES .5°		SHIM			
		UNLESS OTHERWISE SPECIFIED		SHIM			
		TOLERANCES ARE:		SHIM			
		1 PLACE DECIMALS .001		SHIM			
		2 PLACE DECIMALS .005		SHIM			
		3 PLACE DECIMALS .000		SHIM			
		ANGLES .5°		SHIM			
		UNLESS OTHERWISE SPECIFIED		SHIM			
		TOLERANCES ARE:		SHIM			
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107550 MLS  
13-10-01

**CERTIFICATE OF  
CONFORMANCE**

**CADORATH PLATING CO. LTD.  
2150 LOGAN AVENUE  
WINNIPEG, MANITOBA R2J-0J1**

**DATE:** Dec-02-2013

**CONSIGNED TO:** Dart Aerospace Ltd.  
1270 Aberdeen St.  
Hawksbury, ON K6A 1K7

**W/O #:** 130256

**INVOICE #:** 68742

**CONTRACT OR  
PURCHASE ORDER #** PO21961

**DESCRIPTION:** SHIM

**QTY** 12

**P/N #** 646.3913

**S/N #** 107550

CADMIUM PLATING IAW AMS-QQ-P-416C TYPE 2 YELLOW ~~CLASS 2.~~  
BAKE HEAT CHART # 13-1051.

**CERTIFICATE:** I certify that the items indicated here on have  
been inspected and tested and conform to all specifications  
and requirements detailed on the contract or purchase order.



**Approved Inspector:**

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned over a horizontal line.